

NEW JERSEY STATE PROFICIENCY TESTING PROGRAM FOR 2006



PROVIDED THROUGH THE
DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL
LABORATORIES CLINICAL LABORATORY IMPROVEMENT SERVICE

PROGRAM INFORMATION FOR 2006

Changes for 2006:

New Survey: H100A: CBC with
Automated Differential

New Mailing Schedules for Diagnostic
Immunology and Drugs of Abuse

Use the enclosed form
or download the form from the web at:
<http://www.state.nj.us/health/phel/eep.htm>

Choose the Correct Form for your Facility:

Physician Office Laboratory CL64

Licensed Laboratory CL37

Not Sure ? Call 609-292-5607

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THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) PROFICIENCY TESTING PROGRAM

HISTORICAL BACKGROUND

For more than 25 years the Department's Clinical Laboratory Improvement Service (CLIS) has served New Jersey's licensed laboratories in proficiency testing (PT). Since 1991, the Program has obtained the annual approval granted to proficiency testing providers through the Center for Medicare and Medicaid Services (CMS). Laboratories operating under CLIA '88 rules must enroll in a CMS approved program. COLA has also conferred approval on the Department's PT program for those laboratories seeking COLA accreditation.

A highly qualified, professional staff is available to answer technical or administrative questions concerning proficiency testing. Their many years of bench-level experience, documented success in improving laboratory performance through proficiency testing and convenient location complements a comprehensive laboratory evaluation package.

PROGRAM PARTICIPATION

The New Jersey State Sanitary Code, Chapter IV Laboratories, Regulation 5(a) mandates that all New Jersey licensed laboratories participate in proficiency testing surveys in all areas for which they are licensed and that the Department has deemed available.

The Federal Clinical Laboratory Improvement Amendments (CLIA '88) also mandate enrollment and successful participation in a CMS approved proficiency testing program. Laboratories possessing a federal CLIA certification and limited to performing tests designated as "waived" are exempt from this requirement. However, good laboratory practice includes some method of quality assessment to be performed regularly.

New Jersey laboratories serving a practice of 5 or more physicians are also required to obtain a New Jersey clinical laboratory license under current state regulations in addition to CLIA certification.

SURVEY SELECTION

This brochure is designed to provide information relative to the laboratory specialties mandated by state and/or federal regulations and available from the Department's CMS approved program. It contains a full range of surveys to accommodate the needs of a wide spectrum of laboratories ranging from the physician office to the university hospital.

The **DHSS Proficiency Testing Program** includes laboratory evaluation surveys in the mandated specialties of microbiology, diagnostic immunology, immunohematology, endocrinology, chemistry, toxicology, hematology and coagulation. An approved PT evaluation survey in regulated areas includes three annual testing events with five challenges per event in each of the required analytes or test procedures. Surveys for the Department's **Biannual Assessment Program (BAP)** are also included for your convenience and enrollment should be considered to provide complete compliance with CLIA regulations.

For New Jersey participants, the PT application which accompanies this brochure includes all mandated proficiency testing areas available through the DHSS and approved alternative providers and corresponding fees for both. **There is no registration fee required for enrollment in the New Jersey Department of Health and Senior Services PT Program.** If the need for samples occurs outside the routine survey schedule, every attempt will be made to provide laboratories with additional material. A processing fee of \$50 per sample set will be assessed for this service.

When New Jersey licensed laboratories enroll in an approved alternative program for mandated surveys, they must instruct their proficiency testing provider, in writing, to forward copies of evaluated results to the Department's Clinical Laboratory Improvement Service. A \$50 fee per survey will be imposed for enrollment with an approved alternative provider to cover the cost of documenting and confirming enrollment, monitoring performance and providing the needed follow-up action and correspondence with participants. Should the need for samples arise outside the routine schedule for surveys provided through alternate PT programs, the PT provider should be prepared to provide additional material upon request.

NON-SCHEDULED PROFICIENCY TESTING Pre-Licensure

All laboratories seeking State licensure will be required to perform testing in the specialty, subspecialty or analyte for which they are requesting approval when proficiency testing is available. The fee for pre-licensure PT sample sets obtained from this provider is \$50 and includes four to five samples depending on the particular test requested.

If the need for pre-licensure PT samples occurs which is outside the availability of the NJDHSS PT Program and requires laboratory evaluation through an external PT provider, a fee of \$50 per sample set, payable to the Department, will be assessed for review of the data.

Adverse Action

Laboratories who fail to maintain a level of successful performance (satisfactory performance in 2 of the 3 most recent PT surveys) for compliance with either State or federal regulations or rules may face possible "adverse action". The process of "adverse action" requires the laboratory to demonstrate its ability to perform the test(s) in question on additional PT material prior to any proposed suspension of State licensure or federal certification. Additional PT material may be purchased from the NJDHSS PT Program for a fee of \$50 per set. If the need for "adverse action" PT samples occurs outside the availability of the NJDHSS PT Program and requires evaluation through an external PT provider, a fee of \$50 per sample set, payable to the Department, will be assessed for review of the data.

SURVEY EVALUATION

After participation in a DHSS proficiency testing survey, the laboratory will receive an evaluated copy of the results they submitted to the program. It will indicate both an overall score for the survey and, when applicable, a score for each analyte in the survey which is the analyte score. In addition to the enrollee's personal evaluation, a summary report of the entire survey is compiled to provide the enrollee an opportunity to compare their results with those of other methods or instruments.

When indicated by the participant on the PT enrollment application, the laboratory's scores will be forwarded to CMS as required of PT providers under CLIA '88. If a laboratory has chosen to obtain CLIA accreditation through a deemed status organization, a copy of the enrollee's performance evaluation will be provided, if requested, to the accrediting agency.

ENROLLMENT

Review this brochure and enroll in the most appropriate survey(s) to meet the level of service provided for your patients.

Complete the Proficiency Testing Program Enrollment Application and return it no later than **November 1, 2005** with the required fees (make check payable to NJDHSS-PT) and forward to the:

New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
Attn: PT Program Coordinator
P.O. Box 361
Trenton, NJ 08625-0361

Laboratories submitting renewal applications after November 1, 2005 will be assessed a late fee of \$50.

Please provide separate checks for licensure and proficiency testing when forwarding your applications.

Cancellation Policy

Credit will be issued for cancelled survey shipments if the participant provides CLIS written notification six(6) weeks prior to the next scheduled shipping date for the cancelled survey(s). A processing fee of \$25 will be implemented for all cancellation requests submitted after January 1, 2006.

A NJ licensed facility which fails to enroll in a Department approved PT program by December 31, 2005 and performs patient testing after January 1, 2006 is considered to be in violation of N.J.A.C. 8:44-2.5(b). Pursuant to N.J.S.A. 45:9-42.43, the delinquent laboratory may be subject to a penalty of up to \$1,000.00 for each violation.

If you desire additional information or have questions regarding the DHSS Proficiency Testing Program, please contact the Clinical Laboratory Improvement Service at 609-292-5607.

Survey M101

Analyte:

Detection of Group A beta
hemolytic Streptococcus using
Bacitracin/Agar plate method

Shipping Dates:

TC-1-06	5/06
TC-2-06	8/06
TC-3-06	11/06

**Throat
Culture Only**
Price: \$150

Sample Type:

Each shipment will include five commercially prepared swabs.

Analyte:

Detection of Group A beta hemolytic
Streptococcus using rapid identification
(swab) methods

Shipping Dates:

TS-1-06	2/06
TS-2-06	5/06
TS-3-06	10/06

Survey M103

**Group A Strep
Throat Screen**
(Direct Antigen Test)
(RapidStrep)
Price: \$100

Sample Type:

Each shipment will include five formalinized throat swabs.

Analyte:

Detection of Group A beta hemolytic
Streptococcus using CLIA waived Direct
Antigen Test (DAT) methods

Shipping Dates:

6/06
12/06

Survey B113+

**Group A Strep
Throat Screen (DAT)**
CLIA Waived Methods
Price: \$25

Sample Type:

Each shipment will include two formalinized throat swabs.

**THIS SURVEY IS NOT ACCEPTABLE FOR USE BY LABORATORIES
POSSESSING A NEW JERSEY CLINICAL LABORATORY LICENSE.**



MICROBIOLOGY

Survey M104+

**Urine Culture
Screen**
Price: \$75

Analyte:

Colony Count

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two lyophilized samples.

Survey M105 +

**Urine Culture Screen with
Antibiotic
Susceptibility Test**
Price: \$100

Analyte:

Colony count with Antibiotic Susceptibility
Testing will be included for 3 out of 4
samples shipped during the year.

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two lyophilized samples.

Survey M400 +

Dermatophyte Screen
Price: \$75

Analyte:

Presence or absence of dermatophytes.

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two commercially prepared swabs containing material for those laboratories screening for dermatophytes using DTM agar.

+ PARTICIPANT RESULTS FOR BIENNIAL ASSESSMENT SURVEYS, (IDENTIFIED BY THE "+") WILL NOT BE REPORTED TO CMS. HOWEVER, PARTICIPATION WILL SATISFY CMS REQUIREMENTS FOR EXTERNAL ASSESSMENT OF ANALYTES NOT INCLUDED UNDER SUBPART I, PROFICIENCY TESTING PROGRAMS SECTION 493.1709.

DIAGNOSTIC IMMUNOLOGY

Survey S100

Analyte:

Qualitative determination of
the syphilis antibody

Shipping Dates:

SS-1-06	4/06
SS-2-06	8/06
SS-3-06	12/06

Syphilis

Price: \$150

Sample Type:

Each shipment will include five serum based samples for qualitative determination.

Survey S101

Analytes:

Antistreptolysin O (ASO)
Infectious mononucleosis (IM)
Serum hCG
Rubella antibody
Rheumatoid factor

Shipping Dates:

DI-1-06	1/06
DI-2-06	6/06
DI-3-06	9/06

**Diagnostic
Immunology**
(ASO, IM, Serum hCG
Rubella, RF)
Price: \$340

Sample Type:

Each shipment will include five serum based samples for qualitative determination.

Survey S102

Analytes:

Rheumatoid factor
Rubella antibody

Shipping Dates:

DI-1-06	1/06
DI-2-06	6/06
DI-3-06	9/06

**Rheumatoid Factor
and/or
Rubella
Antibody Only**
Price: \$280

Sample Type:

Each shipment will include five serum based samples for qualitative determination.



DIAGNOSTIC IMMUNOLOGY

Survey S103

**ASO, Infectious
Mononucleosis or
Serum hCG Only**
Price: \$280

Analytes:

Antistreptolysin O (ASO)
Infectious mononucleosis (IM)
Serum hCG

Shipping Dates:

DI-1-06	1/06
DI-2-06	6/06
DI-3-06	9/06

Sample Type:

Each shipment will include five serum based samples for qualitative determination.

Survey B105+

**H. pylori
Antibody**
Price: \$75

Analyte:

Presence or absence of H. pylori antibody
in serum, plasma or whole blood.

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two serum based samples for qualitative determination of the antibody.

Survey B106+

**C-Reactive
Protein (CRP)**
Price: \$35

Analyte:

C-Reactive Protein

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will contain two serum based samples for qualitative determination.

Analytes:

Cortisol
T-3 Uptake
Thyroxine (free and total)
Triiodothyronine
TSH

Shipping Dates:

E-1-06	3/06
E-2-06	7/06
E-3-06	11/06

Survey E100

Endocrinology
Price: \$190

Sample Type:

Each shipment will include five liquid serum samples for quantitative determination.

Survey B107+

Analytes:

PSA and/or PAP

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid samples for quantitative determination of PSA and/or PAP.

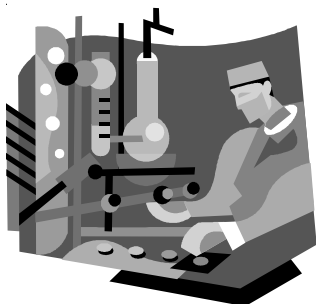
**Prostate Specific
Antigen (PSA)
and/or
Prostatic Acid
Phosphatase (PAP)**
Price: \$75



CHEMISTRY

Survey C100

**Routine
Chemistry**
Price: \$275



Analytes:

ALT/SGPT
Albumin
Alkaline phosphatase
Amylase
AST/SGOT
Bilirubin (total)
Calcium (total)
Chloride
Cholesterol (total)
HDL cholesterol
Creatine kinase
Creatinine
Iron
Glucose
LDH
Magnesium
Potassium
Sodium
Total protein
Triglycerides
Urea nitrogen
Uric acid

Shipping Dates:

C-1-06	3/06
C-2-06	7/06
C-3-06	11/06

Sample Type:

Each shipment will include five liquid serum samples for quantitative determination depending on the analyte testing performed on patient samples.

Survey C101

**Lipids/Glucose
Only**
Price: \$175

Analytes:

Cholesterol (total and/or HDL)
Triglycerides
Glucose

Shipping Dates:

C-1-06	3/06
C-2-06	7/06
C-3-06	11/06

Sample Type:

Each shipment will include five liquid serum samples for quantitative determination depending on the analyte testing performed on patient samples.

CHEMISTRY

Survey C103

Analytes:

Sodium (Na)
Potassium (K)
Chloride (Cl)

Shipping Dates:

C-1-06	3/06
C-2-06	7/06
C-3-06	11/06

**Electrolytes
Only****Price: \$150****Sample Type:**

Each shipment will include five liquid serum samples for quantitative determination depending on the analyte testing performed on patient samples.

Survey B108+

Analyte:

Glucose

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two whole blood samples for evaluation of waived methods only.

**Whole Blood
Glucose
(CLIA Waived Methods
Only)****Price: \$50**

Survey B109+

Analyte:

Glycohemoglobin

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two whole blood samples for the quantitative determination of HbA1c.

**Glycohemoglobin
Price: \$50**

Survey B117+

Analyte:

GGT and/or Phosphorus

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid serum samples for quantitative determination of GGT and/or Phosphorus.

**Gamma Glutamyl
Transferase (GGT)
and/or
Phosphorus
Price: \$50**

TOXICOLOGY

*Survey T101 **

Drugs of Abuse

Price: \$250



Analytes:

Morphine (opiates)
Phencyclidine (pcp)
Amphetamine
Cocaine
Methadone
Barbiturates
Cannabinoids

Shipping Dates:

UT-1-06	1/06
UT-2-06	6/06
UT-3-06	9/06

Sample Type:

Each shipment will include five human urine based samples for qualitative determination.

Survey T102

Therapeutic Drug Monitoring

Price: \$320

Analytes:

Carbamazepine
Digoxin
Lithium
Phenobarbital
Phenytoin
Theophylline
Valproic Acid

Shipping Dates:

TDM-1-06	3/06
TDM-2-06	7/06
TDM-3-06	11/06

This survey is not appropriate for laboratories performing regulated TDM analytes in addition to those listed above.

Sample Type:

Each shipment will include five liquid serum samples for quantitative determination.

***THESE ANALYTES ARE NOT REGULATED BY CMS. HOWEVER, ANYONE REQUESTING NJ STATE LICENSURE IN THESE AREAS MUST ENROLL AND PARTICIPATE SUCCESSFULLY.**

HEMATOLOGY

*Survey H100***

**CBC with Blood
Cell ID
Price: \$225**



Analytes:

White blood cell count
Red blood cell count
Hematocrit
Hemoglobin
Platelet count
Blood cell identification

Shipping Dates:

H-1-06	2/06
H-2-06	6/06
H-3-06	10/06

Sample Type:

Each shipment will include five whole blood samples for quantitative determination. Five 35mm transparencies per shipment for the identification of white blood cells, red blood cells and platelets will also be included if differentials are performed on patient samples.

****SURVEY NOT APPROPRIATE FOR USE WITH THE QBC INSTRUMENT OR AUTOMATED DIFFERENTIAL HEMATOLOGY ANALYZERS.**

Analytes:

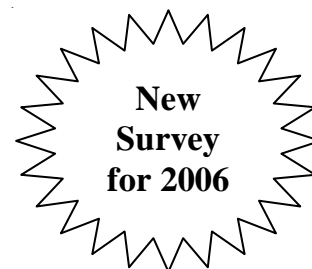
White blood cell count
Red blood cell count
Hematocrit
Hemoglobin
Platelet count
Automated Differential

Shipping Dates:

H-1-06	2/06
H-2-06	6/06
H-3-06	10/06

*Survey H100A***

**CBC with
Automated Differential
Price: \$325**



Sample Type:

Each shipment will include five whole blood samples for quantitative determination using automated differential hematology analyzers. The samples consist of instrument-specific modules.

****SURVEY NOT APPROPRIATE FOR USE WITH THE QBC INSTRUMENT.**

Analytes:

Hemoglobin and/or
Hematocrit

Shipping Dates:

H-1-06	2/06
H-2-06	6/06
H-3-06	10/06

*Survey H101***

**Hemoglobin
and/or
Hematocrit
Only
Price: \$125**

Sample Type:

Each shipment will include five whole blood samples for quantitative determination.

****SURVEY NOT APPROPRIATE FOR USE WITH THE QBC INSTRUMENT.**

HEMATOLOGY

Survey H102

**Blood Cell
Identification
Only**
Price: \$100

Analyte:

Blood cell identification

Shipping Dates:

H-1-06	2/06
H-2-06	6/06
H-3-06	10/06

Sample Type:

Each shipment will include five 35mm transparencies.

Survey H104

**QBC: Centrifugal
Hematology with
Differential**
Price: \$225

Analytes:

Hematocrit
Hemoglobin
Platelet Count
WBC
WBC differential (2-part)

Shipping Dates:

Q-1-06	2/06
Q-2-06	6/06
Q-3-06	10/06

Sample Type:

Each shipment will include five whole blood samples for quantitative determination.

Survey B103+

**Erythrocyte
Sedimentation
Rate**
Price: \$75

Analyte:

Erythrocyte sedimentation rate

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two samples of whole blood for the quantitative determination of sedimentation rate.

COAGULATION

Survey H103

Coagulation
Price: \$225

Analytes:

Prothrombin time (PT)
Activated partial thromboplastin time (APTT)
Fibrinogen

Shipping Dates:

H-1-06	2/06
H-2-06	6/06
H-3-06	10/06

Sample Type:

Each shipment will include five lyophilized plasma samples for quantitative determination.

**SURVEY NOT APPROPRIATE FOR USE WITH WHOLE BLOOD
ANALYZERS.**

**Analyte:**

Prothrombin Time

Shipping Dates:

WBP-1-06	2/06
WBP-2-06	6/06
WBP-3-06	10/06

Sample Type:

Each shipment will include five lyophilized blood samples with their corresponding diluent components for the quantitative determination of prothrombin time.

THIS SURVEY IS APPROPRIATE FOR STATE-LICENSED LABORATORIES THAT USE THE ROCHE DIAGNOSTIC COAGUCHEK S SYSTEMS TEST (SAME AS THE BOEH. MANN. & ROCHE DIAGNOSTICS) AND THE ROCHE COAGUCHEK PRO DM SYSTEM.

Analyte:

Prothrombin Time

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two lyophilized blood samples with their corresponding diluent components for the quantitative determination of prothrombin time.

THIS SURVEY IS APPROPRIATE FOR LABORATORIES THAT ARE CLIA APPROVED BUT NOT STATE-LICENSED. IT IS COMPATIBLE WITH THE ROCHE DIAGNOSTIC COAGUCHEK S SYSTEMS TEST (SAME AS THE BOEH. MANN. & ROCHE DIAGNOSTICS).

**Analytes:****Urinalysis** (visual comparison and/or automated)

Specific Gravity	Ketone
pH	Bilirubin
Protein	Hemoglobin (blood)
Glucose	Leukocyte esterase
	Nitrite

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid samples for semi-quantitative analysis of dipstick urine.

COAGULATION

Survey H105

**Whole Blood
Prothrombin Time**
Price: \$175

*Survey B116+*

**CoaguChek
Prothrombin Time**
Price: \$75

URINALYSIS

Survey U100+

**Dipstick
Urinalysis Only**
Price: \$35



URINALYSIS

Survey B110+

**Urine
hCG Only**
Price: \$25

Analyte:

Urine hCG

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid samples for qualitative determination.

Survey B114+

**Urinalysis Combo
(Dipstick, hCG and
Urine Microscopic)**
Price: \$75

Analytes:

Semi-quantitative analysis of dipstick constituents, qualitative determination of urine hCG and identification of microscopic constituents in urine

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid samples for urine dipstick and hCG determinations as well as two 35mm transparencies for urine microscopic identification.

Survey B115+

Fecal Occult Blood
Price: \$25

Analyte:

Hemoglobin

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two liquid samples for use with guaiac, tablet and immunochemical methods for the qualitative determination of blood in stool.

MICROSCOPY



Survey B100+

**Urine
Microscopy Only**
Price: \$25

A 35MM SLIDE PROJECTOR OR HAND-HELD SLIDE VIEWER WITH MAGNIFICATION AND BACKGROUND LIGHT IS REQUIRED FOR EXAMINING B100, B102, B104 AND B112.

Analytes:

Identification of constituents in urine sediment

Shipping Dates:

6/06
12/06

Sample Type:

Each shipment will include two 35mm transparencies.

MICROSCOPY

Survey B111+

Sperm Count

Price: \$100

Analyte:

Sperm Count

Shipping Dates:

6/06

12/06

Sample Type:

Each shipment will include two stabilized semen samples for semi-quantitative determination.

Survey B101+

KOH Prep

Price: \$25

Analyte:

Presence or absence of fungal elements
in skin, hair and nails

Shipping Dates:

6/06

12/06

Sample Type:

Each shipment will include two microscopic slides.

Survey B102+

Pinworm Prep

Price: \$25

Analyte:

Presence or absence of pinworms
and/or pinworm eggs

Shipping Dates:

6/06

12/06

Sample Type:

Each shipment will include two 35mm transparencies.

Survey B104+

Sperm

Price: \$25

Analyte:

Presence or absence of spermatozoa

Shipping Dates:

6/06

12/06

Sample Type:

Each shipment will include two 35mm transparencies.

Survey B112+

Vaginal Wet Prep

Price: \$25

Analyte:

Presence or absence of elements indicative
of vaginal infection

Shipping Dates:

6/06

12/06

Sample Type:

Each shipment will include two 35mm transparencies.

+PARTICIPANT RESULTS FOR THESE SAMPLES WILL NOT BE REPORTED TO CMS. HOWEVER, PARTICIPATION WILL SATISFY CMS REQUIREMENTS FOR EXTERNAL ASSESSMENT OF ANALYTES NOT INCLUDED UNDER SUB-PART I, PROFICIENCY TESTING PROGRAMS SECTION 493.1709.





State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 361
TRENTON, N.J. 08625-0361

RICHARD J. CODEY
Acting Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

2006 PROFICIENCY TESTING SURVEY MAILING DATES

SURVEY	1/06	2/06	3/06	4/06	5/06	6/06	7/06	8/06	9/06	10/06	11/06	12/06
Throat Swabs (DAT)		2/27			5/1					10/23		
Throat Culture					5/2			8/1			11/6	
Syphilis				4/4				8/1				12/5
ASO, IM, HCG Rubella Antibody & Rheumatoid Factor		1/31				6/6			9/26			
Chemistry & Lipids/Glucose Only Electrolytes Only			3/14				7/18				11/14	
Therapeutic Drugs			3/14				7/18				11/14	
Hematology (CBC & Cell ID) Coagulation & QBC		2/7				6/6				10/3		
Endocrinology			3/14				7/18				11/14	
Drugs of Abuse		1/30				6/13			9/19			

Please notify CLIS at 609-292-5607, within 5 working days if you do not receive a scheduled shipment.
FAILURE TO DO SO WILL RESULT IN A RATING OF ZERO AND A "NON-PARTICIPATION" FOR THIS SURVEY.



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 361
TRENTON, N.J. 08625-0361

RICHARD J. CODEY
Acting Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

**BIANNUAL ASSESSMENT PROGRAM (BAP)
2006 SHIPPING SCHEDULE**

<u>SURVEY</u>	<u>FIRST SHIPMENT</u>	<u>SECOND SHIPMENT</u>
Throat Screen (CLIA Waived DAT Methods only)	6/20/06	12/5/06
Dermatophyte Screen (DTM Agar)	6/20/06	12/5/06
<i>H. pylori</i> Antibody	6/20/06	12/5/06
Urine Culture (UC) Screen	6/20/06	12/5/06
Urine Culture Screen with Antibiotic Susceptibility Test	6/20/06	12/5/06
Dipstick Urinalysis only	6/20/06	12/5/06
Urine hCG only	6/20/06	12/5/06
Urine Microscopy only	6/20/06	12/5/06
Urinalysis Combo	6/20/06	12/5/06
Sperm Count	6/20/06	12/5/06
Sperm (Absence or Presence)	6/20/06	12/5/06
C-Reactive Protein (CRP)	6/20/06	12/5/06
PSA and/or PAP	6/20/06	12/5/06
Whole Blood Glucose (Waived Methods only)	6/20/06	12/5/06
Glycohemoglobin	6/20/06	12/5/06
GGT and/or Phosphorus	6/20/06	12/5/06
KOH Prep	6/20/06	12/5/06
Pinworm Prep	6/20/06	12/5/06
Vaginal Wet Prep	6/20/06	12/5/06
Sedimentation Rate	6/20/06	12/5/06
Coaguchek Prothrombin Time	6/20/06	12/5/06
Fecal Occult Blood	6/20/06	12/5/06

Please notify CLIS at 609-292-5607, within 5 working days if you do not receive a scheduled shipment.